

# **FINAL EXAMINATION**

## **1997 HUMAN BEHAVIOR COURSE**

***Thursday 15 May 1997  
0830***

***142 Questions***

***Record Answers on Answer Sheet***

***Name*** \_\_\_\_\_ ***Student Number*** \_\_\_\_\_

**Directions:** Choose the one best answer.

1. Among the following, the BEST definition for *psychotherapy* is:

- A. A procedure in which any two people who seek to provide a mutually supportive and beneficial emotional relationship with each other.
- X B. Verbal interchange between an expert and a help-seeker, the goal of which is to alter characteristic patterns of behavior that are causing the help-seeker difficulties.
- C. Analysis of a patient's internal conflicts by an expert, even if the patient does not consent to the intervention.
- D. A procedure in which an expert is silent and somewhat unresponsive to a patient.
- E. A procedure in which the therapist attempts to persuade a patient to change, using ration and logic, avoiding affects and behaviors which have heretofore resulted in psychosocial dysfunction for the patient.

2. A 25 year-old married insurance salesman is admitted to the medical service of a hospital by his internist after he (the patient) arrives at the emergency room, for the fourth time in a month, insisting that he is having a heart attack. The cardiologist's workup is completely negative. The patient states that his "heart problem" started six months earlier when he had a sudden episode of terror, chest pain, palpitations, sweating, and shortness of breath while driving across a bridge on the way to visit a prospective client. Not wanting to alarm his wife and family, he initially said nothing; but when attacks began to recur several times a month, he consulted his internist. The internist found nothing wrong and told him he should try to relax, take more time off from work, and develop some leisure interests. In spite of his attempts to follow this advice, the "spells" recurred with increasing frequency and intensity. The patient claims that he believes the doctors who say there is nothing wrong with his heart, but during his spells he still becomes acutely concerned that he is having a heart attack and will die. The ***most likely*** diagnosis for this patient is:

- A. Conversion disorder.
- B. Hypochondriasis.
- C. Myocardial infarction.
- D. Generalized anxiety disorder.
- X E. Panic disorder.

3. The clinical benefits derived from antidepressant medications take several weeks to develop for most patients. The length of this therapeutic delay roughly corresponds to:

- A. The time it takes the brainstem nuclei to produce neuromodulators and distribute them throughout the brain.
- B. The time it takes for the hypothalamus to up-regulate production of new neurotransmitters.
- C. The time it takes cAMP-dependent protein kinases to phosphorylate neuronal proteins.
- X D. The time it takes for neuromodulators to work through second messenger systems and gene expression to effect structural and functional changes in neurons.
- E. The time it takes for neurotransmitters to complete the reuptake process into the synapse.

4. Which of the following factors significantly improves a military family child's adaptation to frequent military moves?

- A. Avoidance of the larger nearby civilian community.
- B. Avoidance of base-sponsored activities and events.
- C. Not telling a child about an upcoming move until a few days before departure.
- X D. Availability of DOD schools.
- E. All of the above.

5. For most people, each of the following types of groups significantly defines development of identity during adolescence EXCEPT:

- A. Family
- B. School systems
- C. Peers/friends
- X D. Sports teams

6. As many as one-third of all couples in which at least one of the couple is active-duty military, at some time during the relationship, are involved in an abusive relationship. All of the following are generally true about the violent behavior in these relationships EXCEPT:

- A. Actual violence is generally preceded by a phase of mounting tension and stress.
- B. Actual violence is generally discharged suddenly or explosively.
- C. Actual violence is generally followed by a period of relative calm.
- X D. Perpetrators of violence in abusive relationships generally don't feel guilty afterward.
- E. Perpetrators of violence in abusive relationships usually apologize for their behavior at some point after it occurs.

7. In combat, ground personnel exposed to and reacting maladaptively to combat-related horror MOST need:

- X     A. Respite in a safe, supportive place.
- B. DSM-IV psychiatric diagnosis to help in disposition.
- C. Rapid evaluation by a psychiatrist.
- D. Evacuation away from the theater.
- E. All of the above.

8. Which of the following is a true statement regarding the incidence and expression of signs and symptoms as influenced by sociocultural variables?

- A. Using strict definitions and diagnostic criteria, there is a great deal of similarity among major psychiatric diagnoses across cultures.
- B. Cultural heterogeneity may result in substantial differences in expression of disease across different cultures.
- C. There are diseases and syndromes (e.g., amok, koro, anorexia) that are relatively specific to one or a few cultures (culture-bound syndromes).
- D. The signs and symptoms of schizophrenia are relatively constant across cultures, though the cultures may have different names for it (e.g. the Eskimos' "nuthkavihak").
- X     E. All of the above.

9. Which of the following is NOT associated with increased relative risk of suicide?

- A. Past history of a near-lethal suicide attempt.
- B. Perception of poor social supports.
- C. Disfiguring injury or illness.
- X     D. Recent marriage.
- E. Being an elderly man.

10. Each of the following is true of the definition of each type of DSM-IV *dementia* EXCEPT:

- A. Global impairment (multiple neuropsychiatric deficits)
- B. Persistent impairment of intellect, memory, or personality
- X     C. Impaired consciousness
- D. Significant impairment in social or occupational functioning
- E. Significant decline from a previous level of social or occupational functioning.

11. Phenomenologically (diagnostic criteria-) based diagnoses are used in psychiatry because:

- A. Diagnostic categories define the boundary between health and illness (normal and pathological).
- B. Diagnostic categories permit measurement of illness severity.
- C. Diagnostic categories define disorders or conditions that predict likely treatment outcomes.
- X D. Both A and C.
- E. A, B, and C are true.

12. You are taking care of a patient who is hearing voices and believes that the gold filling in her tooth is a KGB transmitter that puts thoughts into her head. Everyone on the treatment team agrees that she is psychotic. The best definition of *psychosis* is:

- X A. Misinterpretation of reality to such a degree that behavior is significantly affected.
- B. Signs and symptoms that make a person dangerous.
- C. Misattribution of causes and effects in a patient's emotional world that causes social or occupational dysfunction.
- D. Intense fear or sense of impending doom.
- E. All of the above.

13. In becoming a member of a typical "work group," all of the following generally apply, EXCEPT:

- A. You should realize that you are changed as a member of the group.
- B. You are wise to employ the process of "role reversal."
- C. You should attend to body language and other non-verbal communication.
- X D. You should pay attention to your part/role in the group and the leader will handle the other tasks involved with making the group function.
- E. You have a role in determining the authority of the group's leader.

14. Somatoform disorders, factitious disorders, and malingering can sometimes be difficult to distinguish. Each of the following differential diagnosis associations is true EXCEPT:

- X A. Factitious disorder patients produce unconsciously derived behaviors in pursuit of primary (unconscious) gains.
- B. Malingering patients produce consciously derived behaviors in pursuit of secondary (conscious) gains.
- C. Conversion disorder patients produce unconsciously derived behaviors in pursuit of primary (unconscious) gains.
- D. Factitious disorder patients produce consciously derived behaviors in pursuit of primary (unconscious) gains.
- E. Malingering is not a psychiatric disorder, it is an accusation.

15. Examples of *nonspecific curative factors* operative in psychotherapy include:

- A. Discouraging abreaction so that the focus remains on outcomes
- B. Avoiding a close, confiding relationship between therapist and patient
- X C. Maintaining an expectation of help and benefit
- D. Reciprocal interchanges between therapist and patient about each others' problems
- E. All of the above

16. Each of the following is a cardinal diagnostic feature of schizophrenia EXCEPT:

- A. Delusions
- B. Hallucinations
- C. Flat affect
- D. Disturbed social or occupational function
- X E. Duration of symptoms less than six months

17. A 31 year-old white man presents with a one-month history of fatigue, worthless feelings, indecisiveness, 10 pound weight loss, diminished ability to experience pleasure, and early morning awakening. The most likely diagnosis is:

- X A. Major depressive disorder
- B. Cyclothymic disorder
- C. Schizophreniform disorder
- D. Schizophrenia
- E. Stroke

18. Which of the following cross-cultural factors is a significant contributor to a military family's adjustment to an OCONUS assignment?

- A. Different child-rearing expectations in the host nation.
- B. Language barriers.
- C. Prohibitions on travel in the host country due to crime or disease.
- D. Racism.
- X E. All of the above.

19. Which of the following is TRUE regarding gender and the prevalence of psychiatric disorders in the United States?

- A. Women are much more likely to have a current psychiatric disorder than men.
- B. Women are more likely than men to have antisocial personality disorder.
- X C. Men are more likely than women to have alcohol and other substance-related disorders.
- D. Men are more likely than women to have major depressive disorder.
- E. Men are more likely than women to have somatization disorder.

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- D. Men are more likely than women to have major depressive disorder.
- E. Men are more likely than women to have somatization disorder.

21. What is the difference between a *manic episode* and *Bipolar Disorder*?

- A. A patient cannot have a manic episode unless he or she has bipolar disorder.
- X B. A patient cannot have bipolar disorder unless there is or has previously been a manic episode.
- C. A patient who has a manic episode, by definition, cannot have bipolar disorder.
- D. A patient who has bipolar disorder must have had at least TWO manic episodes separated in time from each other by at least one month.
- E. A patient can't be diagnosed with bipolar disorder unless they have a current manic episode.

22. When a six month old infant is fretful, reaches out, and seeks proximity to a parent when an unrecognized other is nearby, the infant is experiencing:

- X A. Stranger anxiety.
- B. Separation anxiety.
- C. Assimilation anxiety.
- D. Accommodation anxiety.
- E. Body damage anxiety.

23. Which of the following is NOT typically an important factor in determining a child's psychological reaction to a military parent's absence on an extended deployment or unaccompanied military tour?

- X     A. Absent parent's rank/income.
- B. Child's gender.
- C. Length of absence.
- D. Availability of parent surrogates (e.g., grandparents).
- E. Other parent's ability to expand parental role.

24. The form of psychotherapy whose goal is to "make that which is out of conscious awareness available for conscious processing, through identifying patterns of behavior derived from early life experiences" is:

- A. Supportive psychotherapy
- B. Cognitive psychotherapy
- C. Milieu psychotherapy
- D. Behavioral psychotherapy
- X     E. Psychodynamic psychotherapy

25. During your first week on the ob/gyn rotation as a third-year medical student, you tell your ward team that you will miss rounds the next morning because you have medical student ob/gyn lectures for two hours at USUHS. Your supervising intern rolls her eyes and angrily says "back in the days of the iron medical student, we didn't need all this spoon-feeding; we learned from our patients." A potentially adaptive response on your part would be to:

- A. Tell her that your education is your first priority, and that you're sorry she had such a poor medical student experience.
- B. Report her behavior to her chief resident and attending physician.
- C. Lodge a complaint with Dr. MacDonald or Dr. Steinweg in USUHS Student Affairs.
- D. Explain that you are both members of an intergroup, and that this is an example of a conflict between primary and secondary tasks of your group.
- X     E. Tell her that any time or work missed because of lectures will be added to the time you spend giving service that day.

26. Each of the following can be an indication that spouse abuse is occurring, EXCEPT:

- X     A. The abusing partner rarely accompanies the patient to medical appointments, even when asked to do so.
- B. Frequent urinary tract or vaginal infections.
- C. Injuries to the breast or genitals.
- D. The abusing partner frequently accompanies the patient to medical appointments, even when not asked to do so.



E. Frequent requests for anti-anxiety or pain medications.

27. Among acute combat psychiatric casualties, the class of psychopharmacologic medication most likely to be used for symptomatic treatment is:

- A. Antipsychotic (neuroleptic)
- B. Selective serotonin reuptake inhibitor (SSRI) antidepressant
- C. Tricyclic antidepressant
- X D. Benzodiazepine anti-anxiety medication
- E. Psychostimulant (e.g., methylphenidate)

28. Factors important in choosing a psychopharmacological medication include all of the following EXCEPT:

- A. The patient's diagnosis.
- B. The patient's target symptoms.
- C. The patient's past history of response to medications.
- D. Family history of response to similar medications.
- X E. All of the above are important factors in choosing a medication.

29. Which of the following is the best definition of those attributes of a person we call *character*?

- A. Deeply ingrained patterns of inflexible and maladaptive personality traits that cause subjective distress and/or significant social or occupational impairment.
- B. Those aspects of personality which reflect an individual's ways, only when under severe stress, of bringing into harmony inner needs and the demands of the environment.
- C. Ways a person conforms to moral expectations of a society.
- D. Personality attributes attributable to developmental/environmental, but not biological/genetic factors.
- X E. The constellation of relatively fixed personality traits and attributes that govern a person's habitual mode of responding to situations they find themselves in.

30. Behavioral signs of abnormal distress in an infant include all of the following EXCEPT:

- A. Excessive crying.
- B. Pushing parents away.
- C. Turning away from parents.
- X D. Seeking proximity to parents when a stranger appears.
- E. Averting gaze with parents when parents are trying to engage with the infant.

31. An active duty supervisor mistakenly reprimands and blames the wrong person when the office produces a late operational readiness report. The wrongly blamed employee does not confront the irritable supervisor but when she gets home, yells and screams inappropriately at her children. Which psychological defense mechanism is this woman employing?

- A. Projection.
- B. Passive-aggressive behavior.
- C. Reaction formation.
- X D. Displacement.
- E. Hypochondriasis.

32. Among the general U.S. population, which of the following psychiatric disorders is the MOST prevalent?

- A. Obsessive-compulsive disorder
- X B. Simple phobia
- C. Panic disorder
- D. Somatization disorder
- E. Schizophrenia

33. Each of the following has been associated with anxiety symptoms and signs EXCEPT:

- A. Excessive activity of catecholamine-containing neurons.
- B. Abnormally excessive locus coeruleus discharge.
- X C. Abnormally deficient activity of glutamate-containing neurons.
- D. Altered GABA/Benzodiazepine neuroreceptor activity.
- E. Hypersensitivity of brainstem carbon dioxide chemoreceptors.

34. In order to establish a “case” in epidemiology, there must be defining criteria that are both *valid* and *reliable*. The best definition of **validity** as it applies to diagnostic criteria for psychiatric disorders is:

- A. The diagnostic criteria reproducibly (different examiners) assess who is ill and who is not.
- B. Accurate identification of the number of new cases of the disorder within a population over a specified time period.
- C. Accurate identification of the number of existing cases during a specified period of time.
- D. The diagnostic criteria measure the severity of illness.
- X E. The diagnostic criteria accurately identify individuals who have the illness, with minimal false-negative diagnoses.

35. Somatization as a process is a normal human experience and not a psychiatric diagnosis unless there is significant disturbance in social or occupational functioning. Each of the following is an example of *nonpathological* somatization or *normal* illness behavior EXCEPT:

- A. Children taking advantage of having a minor cold to get extra attention at home.
- B. Adults taking advantage of having a minor cold to get extra attention at home.
- C. "Butterflies" in the stomach prior to taking the Human Behavior Course final examination.
- D. Headache after taking the Human Behavior Course final examination.
- X E. Consciously exaggerating back pain complaints after slipping on the ice at work in hopes of achieving a financial reward.

36. Among the general U.S. population, which of the following psychiatric syndromes or disorders is LEAST prevalent?

- A. Alcohol abuse or dependence
- B. Major depressive episode
- C. Simple phobia
- X D. Schizophrenia
- E. Generalized anxiety disorder

37. Which of the following is true concerning language development during early childhood (ages 3-6)?

- A. The ability to verbalize precedes the ability to comprehend language (i.e., the child know how to say something verbally before he/she can truly comprehend what something is based on what others call it).
- X B. The ability to comprehend something precedes the ability to say it verbally or call it something (i.e., the child knows what something is based on what others call it before he/she knows how to say it verbally).
- C. The ability to comprehend what something is and the ability to verbalize about it develop at a parallel pace.
- D. The ability to verbalize and comprehend cannot develop until satisfactory resolution of the oedipal phase of development is completed.
- E. The ability to verbalize and comprehend language depends on mental energy provided by anxiety about retributions from the same-gender parent that occur during the oedipal phase of development.

38. Which of the following causes of dementia are pathophysiologically reversible, i.e. treatments reverse the neurophysiology, not just remediate behavioral or cognitive symptoms?

- A. Dementia of the Alzheimer's Type
- B. Dementia Associated with Parkinson's Disease
- X C. Dementia Associated with Normal Pressure Hydrocephalus
- D. Vascular Dementia
- E. Dementia Associated with Huntington's Disease

39. Which of the following cross-cultural factors is a significant contributor to a military family's adjustment to an OCONUS assignment?

- A. Different child-rearing expectations in the host nation.
- B. Language barriers.
- C. Prohibitions on travel in the host country due to crime or disease.
- D. Racism.
- X E. All of the above.

40. What percentage of women are victims of spouse or domestic partner abuse during their lives?

- A. 0% - 5%
- X B. 10% - 15%
- C. 20% - 25%
- D. 30% - 35%
- E. 40% - 45%

41. Which of the following is TRUE regarding the phenomenological relationship between a *major depressive episode* and *major depressive disorder*?

- A. Patients whose depressive signs and symptoms are caused by a toxic or medical etiology (e.g., steroid medications) meet criteria for neither a major depressive episode nor major depressive disorder.
- B. If there has ever been a manic episode, a patient cannot receive a diagnosis of major depressive disorder, but can continue to have major depressive episodes.
- C. A patient with major depressive disorder, single episode, by definition, is having a major depressive episode.
- D. Major depressive episode is a syndrome; major depressive disorder is a disease/disorder.
- X E. All of the above.

42. DSM-IV personality disorders are divided into three “clusters.” Cluster A is those personality disorders whose presentations have the common feature of being “*odd, eccentric, or unusual*.” Patients with these personality disorders are characterized by significant social deficits and a paucity of meaningful human relationships. Each of the following personality disorders is a Cluster A disorder EXCEPT:

- A. Schizoid personality disorder
- X B. Dependent personality disorder
- C. Schizotypal personality disorder
- D. Paranoid personality disorder

43. Which of the following is true concerning sociocultural variables operative in the conduct and outcome of psychotherapy?

- A. There are no universal aspects of psychotherapy shared by all patients receiving this form of treatment.
- B. Research has shown that hypnosis is not effective in decreasing use of pain medications among African-American patients.
- X C. Among some cultures, traditional healing practices can be as, or more, effective than Western technological medical practices.
- D. Temperament across cultures is a fixed biological “given” that is impervious to environmental influences.
- E. All of the above.

44. DSM-IV personality disorders are divided into three “clusters.” Cluster B is those personality disorders whose presentations have the common feature of being “*dramatic, emotional, or erratic*.” Patients with Cluster B personality disorders have emotional lives that are characterized by social instability and impulsivity. Each of the following is a Cluster B personality disorder EXCEPT:

- A. Histrionic personality disorder
- B. Narcissistic personality disorder
- C. Borderline personality disorder
- X D. Compulsive personality disorder
- E. Antisocial personality disorder

45. Normal limbic system functions such as vigilance and scanning the environment can become pathologically exaggerated and result in the psychotic symptom of paranoia. The mesolimbic tract neurons associated with this dysfunction terminate in which kind of neuroreceptor?

- A. NMDA
- B. Acetylcholine
- X C. Dopamine
- D. Norepinephrine
- E. Serotonin

46. DSM-IV personality disorders are divided into three “clusters.” Cluster C is those personality disorders whose presentations have the common feature of being “*anxious or fearful*.” Patients with Cluster C personality disorders have emotional lives that are characterized by painful intrapsychic conflict, anxiety, or neediness. Each of the following is a Cluster C personality disorder EXCEPT:

- A. Avoidant personality disorder
- B. Dependent personality disorder
- X C. Antisocial personality disorder
- D. Passive-aggressive personality disorder
- E. Compulsive personality disorder

47. Delirium is one of the most common psychiatric disorders that occurs among hospitalized medical-surgical patients. Each of the following is true about diagnosing delirium (acute confusional state) EXCEPT:

- A. Altered level of consciousness.
- X B. Gradual development over at least two weeks.
- C. Clinical course that fluctuates during the course of the day.
- D. Disorientation on the mental status examination.
- E. Reduced ability to focus, sustain, or shift attention.

48. All of the following are diagnostic criteria for a manic episode EXCEPT:

- A. Inflated self-esteem.
- B. Increase in goal-directed activity (either socially, at work or school, or sexually)
- C. Decreased need for sleep.
- X D. Thoughts blocked or slowed to the point where speech is incoherent.
- E. Distractibility.

49. When evaluating a patient and you suspect physical or sexual abuse, you should generally:

- X     A. Interview the patient alone, without the partner present.
- B. Interview the patient with the partner present.
- C. Refer the patient and partner to the base family advocacy office the next day and avoid interviewing the patient or partner at all.
- D. Interview the partner without the patient's knowledge, since she may not consent if you asked her permission.
- E. Interview the partner with the patient present, but don't interview the patient, since that would create legal complications.

50. Potential adverse effects of antipsychotic (neuroleptic) medications shown to be more common in patients taking the medication than in controls include:

- A. Anticholinergic side effects.
- B. Dystonias.
- C. Parkinsonian effects.
- X     D. Ventricular dysrhythmias.
- E. Akathisia.

51. Which of the following is classified as a *subcortical* dementia?

- A. Dementia of the Alzheimer's Type
- B. Vascular Dementia
- C. Substance-Induced Persisting Dementia
- X     D. Dementia Associated with Parkinson's Disease
- E. Dementia Associated with Major Depressive Disorder ("pseudodementia")

52. Which of the following are warning signs that there may be marital problems in a medical (or other) marriage?

- X     A. The couple are no longer "best friends".
- B. Short-term fantasies of separation that last for minutes or several hours.
- C. Increased number of affectionate gestures.
- D. Increased emotional availability within the marriage.
- E. Increased sexual interest and activity.



53. An Air Force Academy cadet in September of her first year suddenly loses the ability to use her right arm and cannot participate in physical fitness testing. No neurological or orthopedic reason for her problem cannot be found. The Academy's psychiatrist diagnoses conversion disorder based on the cadet's ambivalence about being in the military setting. She is subsequently discharged from the Academy and returns to her family. Her symptoms resolve quickly, as the psychiatrist told her they would. One year later, her symptoms recur suddenly. What is the chance, now one year later, that a specific neurological disorder or orthopedic disorder will be diagnosed that would in retrospect explain her seeming conversion disorder?

- A. 0%
- B. Up to 1%
- C. Up to 5%
- D. Up to 10%
- X E. Up to 33%

54. A 79 year-old black man in the ICU develops visual hallucinations and believes that the treatment team is trying to kill him. He has no past history of psychiatric disorders. The LEAST likely explanation for his clinical presentation is:

- A. CNS infection
- B. Alcohol withdrawal delirium (Dts)
- X C. Schizophrenia
- D. Hyponatremia
- E. Corticosteroid medication

55. Each of the following is a cardinal characteristic of a *personality disorder* EXCEPT:

- X A. Symptoms are ego-dystonic.
- B. There is social or occupational dysfunction.
- C. Personality traits deviate markedly from the cultural norm.
- D. Symptoms are enduring over time.
- E. Symptoms become ingrained during adulthood or early adolescence.

56. Skills important in preventive military psychiatry include which of the following?

- A. An understanding of sociocultural influences on the "sick role" and perception of illness.
- B. An understanding of epidemiology.
- C. Understanding of toxic and medical causes of behavioral and performance dysfunction.
- D. A and C.
- X E. All of the above.

57. Each of the following is true about Post-Traumatic Stress Disorder (PTSD) EXCEPT:

- A. Thirty percent of victims of major natural disasters develop PTSD.
- B. PTSD may have delayed onset, even years later.
- X C. Symptoms must not have been present for more than one month.
- D. PTSD patients frequently experience social withdrawal and psychological numbing.
- E. PTSD patients frequently experience behavioral arousal.

58. The rate-limiting enzyme for the synthesis of dopamine and norepinephrine is:

- A. Monoamine oxidase.
- B. Cyclic AMP.
- C. Catechol-O-methyl transferase.
- D. Tyrosine decarboxylase.
- X E. Tyrosine hydroxylase.

59. The most powerful form of reinforcement among the following is:

- X A. Variable ratio reinforcement schedule.
- B. Maximum interval reinforcement schedule.
- C. Fixed interval reinforcement schedule.
- D. Maximum ratio reinforcement schedule.
- E. Fixed ratio reinforcement schedule.

60. Which of the following is true concerning legal and administrative responsibilities of physicians when solid evidence of spouse abuse is identified in the clinic or hospital setting?

- A. Physicians are mandated to report spouse abuse by DoD and Service regulations.
- B. Physicians must formally warn a third party if a patient makes a direct threat of severe violence toward that third person, even if the patient does not consent.
- C. Medical records of the medical evaluation of an abused spouse may become legal evidence during a subsequent court-martial or court proceeding.
- D. There must be a written medical record in a potential spouse abuse medical evaluation despite a victim's concerns about confidentiality.
- X E. All of the above.

61. Which of the following are often barriers for victims of physical, emotional, or sexual abuse, in terms of getting an appropriate medical evaluation or an effective psychosocial intervention?

- A. The patient's fear for her personal safety.
- B. The patient's desire to protect her partner.
- C. The physician's hesitancy to become involved due to legal or time concerns.
- D. A and C.

X E. All of the above.

62. Each of the following is used to treat bipolar disorder, manic phase, EXCEPT:

- A. Carbamazepine (Tegretol)
- B. Valproate (Depakote)
- C. Bupropion (Wellbutrin)
- D. Lithium
- E. Electroconvulsive Therapy (ECT)

63. Which of the following must be present in order to make a diagnosis of a personality disorder?

- A. An enduring pattern of inner experience and behavior that is inflexible and pervasive across a broad range of personal and social situations.
- B. An enduring pattern of inner experience and behavior that leads to clinically significant distress or impairment in social or occupational or other important areas of functioning.
- C. An enduring pattern of inner experience and behavior that is stable and of long duration, whose onset can be traced back to at least adolescence or early adulthood.
- D. An enduring pattern of inner experience and behavior that is not better accounted for as a manifestation or consequence of another psychiatric disorder.

X E. All of the above.

64. Which of the following is TRUE about major depressive disorder?

- A. A person with a first degree relative who has a history of major depressive disorder has a relative risk of developing at least one episode of major depressive disorder 2-3 times greater than a person who has no first degree relatives with a history of major depressive disorder.
- B. Patients with major depressive disorder have decreased REM sleep latency and reduced non-REM sleep time.
- C. Patients with major depressive disorder have dysfunctional views of self, the environment, and the future.
- D. Patients with major depressive disorder account for 50% or more of people who kill themselves.

X E. All of the above.

65. The biopsychosocial treatment of *delirium* may include which of the following?

- A. Reverse any underlying disorders that are remediable.
- B. Physical restraints.
- C. Neuroleptic medication.
- D. A and C.

X E. All of the above.

66. Which of the following is TRUE about the incidence of Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD) following combat?

- A. Personnel in elite military units rarely experience ASD or PTSD.
- X B. Incidence of ASD and PTSD among personnel in surrounded ground units is lower than among personnel in ground units with a defined front and protected rear.
- C. Rear area Air Force bases have low rates of psychiatric casualties (e.g., ASD) in wartime.
- D. In an intense land combat engagement, the ratio of psychiatric to physical casualties ranges from one in ten to one in five.
- E. All of the above are true.

67. Which of the following personality attributes is LESS likely among physicians and medical students than among the general population?

- A. Perfectionism.
- X B. Ability to be a good listener.
- C. Compulsiveness.
- D. Need to control others.
- E. Guilt over inability to fully meet perceived work performance expectations of peers.

68. In general, the first line medication for treatment of new-onset major depressive disorder is one of which of the following classes of antidepressants?

- X     A. Selective serotonin reuptake inhibitors (SSRIs)
- B. Secondary amine tricyclic antidepressants (TCAs)
- C. Tertiary amine tricyclic antidepressants (TCAs)
- D. Monoamine oxidase inhibitors (MAOIs)
- E. Psychostimulants (e.g., methylphenidate (Ritalin))

69. The second most common form of dementia, comprising 17%-29% of all dementia patients, is:

- X     A. Vascular Dementia
- B. Dementia Associated with Parkinson's Disease
- C. Substance-Induced Persisting Dementia
- D. Dementia Associated with Jakob-Creutzfeldt Disease
- E. Dementia of the Alzheimer's Type

70. Psychotherapy incorporates each of the following goals EXCEPT:

- X     A. Pervasive personality change
- B. Relief of symptoms
- C. Alteration of maladaptive and unhealthy patterns of behavior
- D. Increased range of adaptive behaviors available to the patient
- E. Changed perceptions of situations and the psychosocial environment

71. Marriages in which at least one of the spouses is a physician are at least as likely, and some say more likely, than non-medical marriages to fail. Of the possible contributory factors, which is MOST LIKELY to adversely affect the marriage?

- A. Disparity in income among the spouses.
- B. Hours involved in physician training.
- X     C. Compulsive personality traits in the physician spouse.
- D. Risk of malpractice.
- E. Managed health care.

72. Which of the following is NOT typically an important factor in determining a child's psychological reaction to a military parent's absence on an extended deployment or unaccompanied military tour?

- X     A. Absent parent's rank/income.
- B. Child's gender.
- C. Length of absence.
- D. Availability of parent surrogates (e.g., grandparents).
- E. Other parent's ability to expand parental role.

73. Medical and psychiatric diagnoses are frequently made at the same time in the same patient. Each of the following is a potential explanation for the co-existing disorders EXCEPT:

- X     A. A mistake has been made in diagnosis--clinical presentations are, by definition, either a primary psychiatric disorder or a primary medical condition.
- B. A medical illness may be a stressor (psychological or social precipitant) causing or exacerbating the psychiatric condition.
- C. A medical condition or toxin may be the pathophysiological cause of the psychiatric syndrome.
- D. A psychiatric disorder may cause lifestyle changes that precipitate the medical condition.
- E. The psychiatric and medical conditions may exist coincidentally, not being etiologically related to each other.

74. Each of the following is true about psychotherapy EXCEPT:

- A. The technical procedures performed during the evaluation of a potential psychotherapy patient are substantially different from the technical procedures of the psychotherapy itself.
- B. Not everyone who wants psychotherapy is a good candidate for it.
- C. Psychotherapy is prescribed for patients for specific indications, in a way parallel to the way we prescribe medications.
- X     D. No form of psychotherapy has been shown to be superior to any other form of psychotherapy for any psychiatric disorder.
- E. The target organ for psychotherapy is the brain.

75. Each of the following is an antidepressant medication, EXCEPT:

- X     A. Haloperidol (Haldol)
- B. Amitriptyline (Elavil)
- C. Paroxetine (Paxil)
- D. Bupropion (Wellbutrin)
- E. Trazadone (Desyrel)

76. The following symptom threshold and symptom duration definitions apply to meeting criteria for a *major depressive episode*:

- X      A. Five or more symptoms for a two-week period.  
         B. Two or more symptoms for a two-week period.  
         C. Five or more symptoms for a one-month period.  
         D. Two or more symptoms for a one-week period.  
         E. Nine or more symptoms for a one-week period.
- =====

**NOTE: THE NEXT FIVE EXAMINATION QUESTIONS RELATE TO THE FOLLOWING CLINICAL CASE EXAMPLE.**

*A 36 year-old divorced white man is brought to the emergency room by the police after they found him on the U.S. Senate steps proclaiming that the Russians were poised to invade the United States. He says that a transmitter/receiver in one of his teeth is receiving information from invisible agents who are threatening to kill him. He believes that via this transmitter, the Russians can put thoughts in his head and read his thoughts. He hears multiple voices that keep up a running commentary on his behavior. He is deeply suspicious of the emergency room staff, believing that some of them are among the agents that are plotting against him and against the nation. Thought content is centered on his fear that someone is out to “get” him and the nation. His attention and concentration are poor. He refuses to cooperate with tests of memory and orientation, but knows he is in a hospital in the Washington area. His mood is fearful. He denies desires or impulses to harm himself or others. He says he is hungry and sleepy. He has no money, but says he has no debts.*

*The patient has a history of three previous psychiatric hospitalizations for similar symptoms, and says he has taken medications before. He is not currently taking any medications. He says he quit taking his medication about a year ago when he quit going to his psychiatrist. The police say he has been picked up for similar behaviors four times during the past eight months, but has always eluded them previously before he could be brought to medical attention. He apparently has no home address, and says he lives on the street or in various homeless shelters. He has no job, and says he has no close family or friends. He becomes tearful when he says his mother, with whom he was close, died one year ago. His medical history is unknown, but his physical examination is normal except for unkempt appearance and mild orthostatic hypotension. His laboratory tests are normal except for mild anemia on his complete blood count (CBC). A toxic screen reveals no alcohol or drugs.*

77. In the biopsychosocial formulation for this patient, which of the following is best considered a *predisposition*?

*(This question refers to the case example)*

- X     A. Past history of psychiatric hospitalizations
- B. Lack of a current job
- C. Toxic screen at time of evaluation that is negative for drugs and alcohol
- D. Impaired attention and concentration
- E. Refusal to cooperate with tests of memory and orientation

78. What is the most likely DSM-IV Axis I diagnosis for this patient?

*(This question refers to the case example)*

- A. Major depressive disorder, recurrent
- B. Schizophreniform disorder
- X     C. Schizophrenia, paranoid type
- D. Delusional disorder
- E. Narcissistic personality disorder



79. What is the most likely DSM-IV Axis II diagnosis for this patient?

*(This question refers to the case example)*

- A. Schizoid personality disorder
- B. Schizophreniform personality disorder
- C. Schizophreniform disorder
- D. No Axis II psychiatric diagnosis
- X E. There is not enough data to determine whether an Axis II disorder is present.

80. From the data available in the case example, you would include each of the following in your differential diagnosis, EXCEPT:

*(This question refers to the case example)*

- A. Bipolar disorder, manic
- B. Mood disorder due to a general medical condition, with manic features
- C. Psychotic disorder due to a general medical condition
- D. Schizoaffective disorder
- X E. No psychiatric diagnosis

81. In the biopsychosocial treatment plan, each of the following medications is likely to be effective in treating this patient's signs and symptoms, EXCEPT:

*(This question refers to the case example)*

- A. Risperidone (Risperidol), preferentially a 5HT (serotonin)-2 neuroreceptor antagonist
  - B. Haloperidol (Haldol), a butyrophenone neuroleptic
  - X C. Sertraline (Zoloft), a selective serotonin reuptake inhibitor
  - D. Clozapine (Clozaril), preferentially a 5HT (serotonin)-2 neuroreceptor antagonist
  - E. Thioridazine (Mellaril), a phenothiazine neuroleptic
- =====

**Directions: For each numbered item, select the one lettered choice most closely associated with it. Lettered choices may be used once, more than once, or not at all.**

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|------------------------------------|---|
| 82. G Countertransference          | A. Making what is unconscious conscious during psychotherapy.   |
| 83. A Psychotherapy interpretation | B. The reality-based relationship created by the therapist and patient working together.  |
| 84. F Resistance                   | C. The patient's emotional experience of acting, feeling, and/or perceiving the therapist to be a significant figure from the patient's past.         |
| 85. C Transference                 | D. Thoughts or behaviors directed toward decreasing unpleasant affective states and keeping unconscious conflicts out of awareness.                   |
| 86. E Acting out                   | E. The expression of unconscious conflict in action rather than words   |
| 87. B Therapeutic alliance         | F. The patient's unconscious reluctance to experience disturbing affects related to emotional conflicts.  |
| 88. D Defense mechanisms           | G. The psychotherapist's emotional experience of acting, feeling, and/or perceiving the patient to be a significant figure from the therapist's past. |
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**Directions: For each numbered item, select the one lettered choice most closely associated with it. Lettered choices may be used once, more than once, or not at all.**

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| 89. D | 1. Society                 | A. Incidence and expression partly depend on social and cultural variables.                           |
| 90. B | 2. Culture                 | B. Shared patterns of belief, feeling, knowledge, custom and behavior.                                |
| 91. E | 3. Cultural Psychiatry     | C. Symptom incidence and expression occurs exclusively within a defined ethnic group.                 |
| 92. A | 4. Culture-Bound Syndromes | D. A group of beings living in a system of social relationships.                                      |
|       |                            | E. Relationships between psychiatric variables and the interplay of society, culture and environment. |
|       |                            | F. A collection of individuals sharing a common racial background.                                    |
|       |                            | G. A collection of individuals with a similar psychological temperament.                              |
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| 93. A | 1. Biological Predisposition     | A. Family history of major depressive disorder.         |
| 94. B | 2. Psychological Predisposition  | B. Childhood history of repeated sexual abuse.          |
| 95. F | 3. Biological Precipitant        | C. Sudden change in socioeconomic status.               |
| 96. C | 4. Social Precipitant            | D. Referral for assistance with unemployment insurance. |
| 97. G | 5. Biological Treatment          | E. Cognitive-Behavioral Psychotherapy.                  |
| 98. E | 6. Psychological Treatment       | F. Recent use of anabolic steroids.                     |
| 99. D | 7. Social Treatment/Intervention | G. Electroconvulsive Therapy (ECT).                     |
|       |                                  | H. None of the above.                                   |
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**Directions:** For each numbered item, select the one lettered choice most closely associated with it. Lettered choices may be used once, more than once, or not at all.

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| 100. F 1. DSM-IV Axis I   | A. Severe myocardial infarction within the past week   |
| 101. C 2. DSM-IV Axis II  | B. Current GAF Score 20, Highest GAF Past Year 55      |
| 102. A 3. DSM-IV Axis III | C. Antisocial Personality Disorder                     |
| 103. E 4. DSM-IV Axis IV  | D. Sublimation   |
| 104. B 5. DSM-IV Axis V   | E. No health insurance                                 |
| 105. G 6. DSM-IV Axis VI  | F. Major depressive disorder, single episode, moderate |
|                           | G. None of the above                                   |
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| 106. D 1. Delusion      | A. Perception of a sensory stimulus that doesn't exist in reality. |
| 107. C 2. Illusion      | B. Nightmare.  |
| 108. A 3. Hallucination | C. Misinterpretation of a sensory stimulus that is really there.   |
|                         | D. Fixed false belief.   |
|                         | E. Violent behaviors in response to a sensory stimulus.            |
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**Directions: For each numbered item, select the one lettered choice most closely associated with it. Lettered choices may be used once, more than once, or not at all.**

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Match the following neurotransmitter characteristics with the correct neurotransmitter.

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|--|----------------------------|
| 109. D Tracts project to the caudate and putamen                   | A. Glutamate               |
| 110. A Diffuse modulatory effect within the central nervous system | B. Norepinephrine          |
| 111. F Cell bodies in nucleus basalis of Meynert                   | C. Cholecystokinin         |
| 112. G Inhibitory neurotransmitter                                 | D. Dopamine                |
|  | E. Neuropeptides           |
|  | F. Acetylcholine           |
|  | G. Gamma-aminobutyric acid |
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| 113. F Akathisia                              | A. Fluoxetine (Prozac)                   |
| 114. D Narrow therapeutic window              | B. Phototherapy (Light Therapy)          |
| 115. E Tardive dyskinesia                     | C. Electroconvulsive therapy (ECT)       |
| 116. A Inhibition of hepatic P450 IID6 enzyme | D. Lithium                               |
| 117. D Ebstein's Anomaly in pregnancy         | E. Choreoathetoid and perioral movements |
| 118. C Temporary memory loss                  | F. Restless pacing                       |
|   | G. Cognitive psychotherapy               |
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**Directions: For each numbered item, select the one lettered choice most closely associated with it. Lettered choices may be used once, more than once, or not at all.**

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| 119. C 1. A child's psychosocial stage of development.                                | A. A step to improving marriages.   |
| 120. B 2. Compulsiveness present in most physicians.                                  | B. Source of stress and conflict in medical marriages.                        |
| 121. E 3. Generally a process that requires 2-3 years of planning and preparation.    | C. Factor determining a military family child's reaction to parental absence. |
| 122. B 4. Disparity between limits of medical knowledge and demands for perfection.   | D. Cross-cultural family considerations during OCONUS assignments.            |
| 123. C or D 5. A child's gender.  | E. Retirement from the military.  |
| 124. A. 6. Acknowledging personal roles in creating and maintaining marital problems. | F. None of the above.   |
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| 125. E Specific Phobia                                     | A. Autonomic hyperactivity                    |
| 126. D Conversion Disorder                                 | B. Wants his stool tested for ova & parasites |
| 127. A Panic Disorder without Agoraphobia                  | C. Caused by benzodiazepine medication        |
| 128. B Hypochondriasis                                     | D. "Trigger finger"                           |
| 129. F Anxiety Disorder Due to a General Medical Condition | E. Avoidance behavior                         |
| 130. G Somatization Disorder                               | F. Associated with temporal lobe epilepsy     |
| 131. A Generalized Anxiety Disorder                        | G. Four-volume medical records                |
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**Directions: For each numbered item, select the one lettered choice most closely associated**

***with it. Lettered choices may be used once, more than once, or not at all.***

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| 132. F Maladaptive pattern of alcohol use leading clinically to significant impairment, accompanied by withdrawal and tolerance. | A. Marijuana Use           |
| 133. G Clammy skin, respiratory depression, constricted pupils, stupor or coma   | B. Alcohol Abuse           |
| 134. E Euphoria, tachycardia, increased blood pressure, fever  | C. Alcohol Withdrawal      |
| 135. F A great deal of time spent obtaining alcohol or recovering from its effects.  | D. Cocaine Withdrawal      |
| 136. A Euphoria, relaxed inhibitions, increased appetite, time distortion/disorientation   | E. Cocaine overdose        |
| 137. D Depressive syndrome, apathy, long periods of sleep,   | F. Alcohol Dependence      |
| 138. C Anxiety, insomnia, tremors, convulsions   | G. Opiate Overdose         |
| 139. B Maladaptive pattern of alcohol use leading clinically to significant impairment, without withdrawal or tolerance.         | H. Hallucinogen Withdrawal |
|  | I. Hallucinogen Overdose   |
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| 140. D 1. Small Group of People (7-12 people)   | A. Set of people acting autonomously as individuals.  |
| 141. C 2. Large Group of People (eg 150 people) | B. An internal medicine ward.                         |
| 142. B 3. Intergroup (Group of groups)          | C. Members can be relatively or completely anonymous. |
|   | D. No anonymity within the group is possible.         |
|   | E. Emergence of a leader not possible.                |
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***End of Examination***